

**CITY OF ROCKWALL
WATER SERVICE APPLICATION**

**(972) 771-7736
FAX (972) 771-7728**

TODAYS DATE		SERVICE START DATE	
SERVICE ADDRESS			
BILLING NAME			
BILLING ADDRESS	CITY	STATE	ZIP
PROPERTY OWNER'S NAME			

RESIDENTIAL SERVICE ONLY

HOME PHONE	WORK PHONE	EMPLOYER'S NAME
DRIVERS LICENSE NUMBER		SPOUSE OR OTHER OCCUPANT
EMERGENCY CONTACT PERSON		PHONE NUMBER

COMMERCIAL SERVICE ONLY

APPLICANT'S NAME	POSITION WITH COMPANY	
TYPE OF BUSINESS	BILLING CONTACT	PHONE NUMBER
EMERGENCY CONTACT	EMERGENCY PHONE NUMBER	

I HEREBY APPLY FOR WATER SERVICES AT THE ABOVE ADDRESS, TO BE FURNISHED AT THE STANDARD RATES AND UNDER THE TERMS AND CONDITIONS OF THE CITY, ON FILE IN THE CITY OFFICE. THE ABOVE LISTED AMOUNT TO BE HELD UNTIL APPLICANT DISCONTINUES WATER SERVICE, TO GUARANTEE THE PAYMENT OF BILLS FOR WATER OR FOR ANY BILL OF WHATEVER NATURE THAT MAY BE DUE.

SIGNATURE OF APPLICANT: _____

I ACKNOWLEDGE WATER SERVICE WILL BE TURNED ON AT THE ABOVE PROPERTY. I WILL NOT HOLD THE CITY OF ROCKWALL RESPONSIBLE FOR ANY PROPERTY DAMAGE TO THE WATER BEING TURNED ON WITHOUT MY PRESENCE. I ACKNOWLEDGE IF THE METER SHOWS WATER USAGE, IT WILL BE TURNED BACK OFF AND MY PRESENCE WILL BE REQUIRED FOR CONNECTION OF SERVICE.

SIGNATURE OF APPLICANT: _____

WITNESS: _____

Please complete and return (with deposit) to: City of Rockwall
385 S. Goliad
Rockwall, TX 75087

CONFIDENTIAL REQUEST FORM

I hereby do request that the utility record information as authorized by H.B. 859 be kept confidential and that such information be only disclosed to those persons or entities authorized to receive such information by the statute.

SIGNATURE OF APPLICANT : _____

OFFICE USE ONLY

START DATE	DEPOSIT DATE	DEPOSIT AMOUNT
	CASH CHECK	COMPLETED BY